



## Missouri Pharmacy Program – Preferred Drug List



### Ophthalmic Antihistamines and Allergy Agents

**Effective 01/10/2013**

**Revised 07/10/2014**

#### Preferred Agents

- Pataday®
- Patanol®
- Alaway®
- Zaditor® OTC
- Ketotifen OTC

#### Non-Preferred Agents

- Emadine®
- Azelastine Oph
- Elestat®
- Bepreve®
- Alrex®
- Optivar
- Epinastine
- Lastacaft®
- Livostin®
- Zyrtec® Drops
- Zaditor® RX

<u>Approval Criteria</u>	<u>Denial Criteria</u>
<ul style="list-style-type: none"><li>• Failure to achieve desired therapeutic outcomes with trial on 2 or more preferred agents<ul style="list-style-type: none"><li>○ Documented trial period for preferred agents</li><li>○ Documented ADE/ADR to preferred agents</li></ul></li></ul>	Lack of adequate trial on required preferred agents
<ul style="list-style-type: none"><li>• Documented compliance on current therapy regimen</li></ul>	Therapy will be denied if no approval criteria are met
	Drug Prior Authorization Hotline: (800) 392-8030